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ORIGINAL COMMUNICATIONS.

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WHAT MAY BE DONE FOR THE EYES WITH SPEC- TACLES.

BY F. CORNWALL, M. D., SAN FRANCISCO, CAL.

Those who have not been keeping themselves informed regarding the advance of knowledge of refraction as applied to the eye, it will be seen, when this article is read, are lamentably deficient in their capability of making a diagnosis of almost any kind of eye affections. The knowledge required to prescribe for eye diseases forty years ago, as ophthalmology was then understood, would be recognized now as an accumulation of error. In no other branch of the science of medicine has there been such advances as in this department. So little was known of the eye and its diseases prior to the invention of the ophthalmoscope that the specialty was in disrepute, from the fact that only charlatans would promise cures. A practitioner who received his education twenty years ago, and based his practice upon what was taught him at that time has occupied a limited field of usefulness. Cases of acute conjunctivitis or possibly iiitis were the only ones of whose pathology he had any conception. I do not say that these affections were treated skillfully, but that their etiology and pathology were understood as well as that of acute inflammations of other parts of the body, and hence their treatment was likely to have been as

skillfully administered. After the invention of the ophthalmoscope oculists were enabled to accurately diagnose affections of the uveal tract, the retina and optic nerve, which at once enlarged the field of ophthalmology so as to make it a respectable branch of medicine. The best men of the age became interested in this new field for scientific investigation; old theories were exploded and many new facts were established. The precise nature and locality of certain affections could be ascertained, which led to a new nomenclature for eye affections, the old being retained as land-marks to note progress of advancement. Through the ophthalmoscope the connection of many eye diseases with constitutional states was established, and affections which had hitherto been considered local were found to have a remote origin. But there was another class of affections of the eye, functional in their nature, which failed to be accounted for by the ophthalmoscope. I refer to anomalies of refraction and the disturbances coming from them. There was a class of surgeons on the one hand who studied the pathology of eye affections and performed surgical operations for the relief of organic disease, and on the other hand a class of scientists who studied the eye purely as an optical instrument. At this point there was a halt in the progress of ophthalmology until Donders, the physiologist, made discoveries regarding the nature of accommodation and refraction in connection with each other. This renowned scholar and practical observer, fifteen years ago published substantially everything on this subject which is known to-day. Hypermetropia and astigmatism and the visual disturbances to which they give rise were fully treated on, and the affection known as asthenopia was fully explained.

The latest developments in ophthalmology are regarding reflex asthenopia and some practical details in the detection and measurement of obscure refraction cases. There are many cases of chronic hyperæmia of the conjunctiva and congestion of the margins of the lids that are now known to be caused by states of the nervous system, producing hyperæsthesia of the retina and, in consequence, accommodative asthenopia on the one hand and spasm of the lids on the other. These cases used to be treated locally by astringents and sometimes constitutionally by altera-

tives, but now to cure them we correct the wrong in the reproductive organs. It may seem rather ridiculous to some to treat the cervix uteri or a menstrual disorder in the female or to pass a urethral sound in the male for a chronic sore eye, but this frequently has to be resorted to as we now understand ophthalmology. In these cases there may or may not be refractive errors in the eye to aggravate the affection. It will be seen that the oculist frequently has to co-operate with the gynæcologist, the surgeon or the neurologist in order to rationally treat his cases. The oculist who has failed to keep up to the advances made in ophthalmology, it will be seen, makes a great many mistakes which seem unpardonable to one who is well informed. There are many oculists, who enjoy a lucrative patronage to-day, of the older sort, who ignore to a great extent this most scientific and interesting department; and their diagnoses and treatment, to us, seem like malpractice. It is a common error for them to treat the amblyopia that arises from hypemetropia and astigmatism for disease of the optic nerve and retina, and they usually call it amaurosis. The lid troubles that arise from these causes they treat with the usual argentic solutions, and in this way they are enabled to keep their patients on hand till they have about all their money, when some modern man may get hold of them and cure them with the simple fitting of spectacles. There are some of these cases when the refractive error is of a high degree, particularly in astigmatism, that mistakes will be made by well-informed men, and only the expert in this line will be able to make a diagnosis. Illustrative of this I will report a case which recently applied to me.

Mr. W., an intelligent young man who had undertaken the study of theology gave me the history of his trouble with his eyes, as follows :

Three or four years ago his vision becoming so bad that it interfered with his occupation (clerical) he applied to London oculists. One made an examination in 1879, and one in 1880. Their diagnoses were diversified and contradictory with the exception that there was conical cornea in the left eye, and that there could be no improvement made by spectacles. In 1880 Couper made the visual acuteness thus : R. E. $\frac{20}{50}$; L. E. $\frac{5}{200}$.

The right eye he corrected with a cylindrical glass, —50 D., without noting the axis which, he says, raised vision to $\frac{20}{30}$ from $\frac{20}{50}$. Coming to this country, and undertaking a course of study his eyes completely failed, whereupon he applied to oculists here in San Francisco. The first one said he had hypermetropia in both eyes, and retinitis in the left eye and a little conical cornea. The second one contradicted the first one, and said there was no indication for treatment, that the case was one of "conical corneæ," and could not be corrected, that the eyes were myopic and not hypermetropic, and that the condition of the eyes was produced by trachomatous lids.

The young man gave up his chosen profession in despair, believing himself destined to partial blindness through life. Upon hearing his story I had but little hope of rendering him material assistance, but having leisure at the time, thought I would interest myself in trying to make an exact diagnosis of his case. Upon the ordinary tests for astigmatism there was nothing developed that would lead one to think that that anomaly existed. The patient finally asked me why he could see so much better when he pressed the eye ball between his fingers, which confirmed in my mind that he had astigmatism. His visual acuteness in the right eye had changed since he was in London, and reads thus:

R. E. V. = $\frac{20}{80}$; L. E. V. = $\frac{5}{200}$.

The refraction of the eyes was as follows:

R. E. sph. + 0.75 D. \subset cy. — 4 D. ax. 65° V. = $\frac{20}{20}$.

L. E. sph. — 4 D. \subset cy. — 6 D ax. 155° V. = $\frac{20}{30}$.

The reader can not fail to notice the enormous disparity in the diagnoses of the oculists and, also, that they were all greatly in error. The right eye, with which he saw the better, ($\frac{20}{80}$), was by two London oculists said to have myopic astigmatism. In San Francisco one oculist said he had hypermetropia in both and retinitis in one, and offered to treat him for the usual fee of fifteen dollars per week. Another said he had conical cornea and myopia which could not be corrected. My diagnosis is this. The right eye has mixed astigmatism, the left myopia and a very high degree of myopic astigmatism, but not conical cornea. I will admit that the cornea is more promi-

ment than its fellow, but that it is in any degree more conical than natural corneæ I will not, and this I aver from the fact that the visual acuteness was raised to nearly normal, ($\frac{20}{30}$), with a spherico-cylindrical glass. Had there been conical cornea to a degree considered pathological, the astigmatism would, for obvious reasons, have been irregular. To the extreme degree of astigmatism may be attributed the prominence of the cornea, the diameter of its greatest curvature being so much more than that of the lesser. This assumption is strengthened by the fact that the patient could correct his astigmatism by pinching or squeezing the eye-ball in the diameter of its least curvature.

Remarks.—I wish to draw attention here to a practical point in ophthalmoscopy. In high degrees of astigmatism, particularly when occurring with myopia it is very difficult, if not impossible, to get a clear view of the fundus. This gives rise, in those who are not well informed, to the belief that there is some structural change or singular anomaly of this part and their diagnoses are often as ridiculous as they are erroneous. This is why this case reported was diagnosed as retinitis. It will be seen that it is impracticable to be an expert ophthalmoscopist without being also an expert in making the subjective examination of the refraction of the eye.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Fifteenth Annual Meeting of the National Eclectic Medical Association was held at the Opera House, Altoona, Pennsylvania, beginning June 17, 1885. At ten o'clock the President, Dr. H. K. Stratford, of Chicago, took the chair and the Rev. Mr. Criley, of the Second Lutheran Church, offered prayer.

The Mayor of Altoona, Hon. C. J. Mann, welcomed the delegates to the city, and President Stratford made a suitable response.

The Committee on Credentials was appointed as follows: Drs. George Covert, Wisconsin; N. R. Martin, Maine; A. B. Woodward, Pennsylvania; W. M. Durham, Georgia; J. W. R. Williams, Alabama.

On motion of Dr. H. B. Piper, of Tyrone, a Committee on Grievances was appointed as follows by the President: Drs. S. B.

Munn, Connecticut; J. C. Butcher, Ohio; L. T. Beam, Pennsylvania; L. P. O'Neale, Pennsylvania; J. R. Borland, Pennsylvania.

The roll of States was called, and the credentials were presented for Alabama, Connecticut, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Nebraska, New York, Ohio, Pennsylvania, Wisconsin, etc., also the statement that Dr. H. T. Webster, of California, was also a delegate.

President Stratford then delivered his Annual Address.

The afternoon of the first day was devoted to the receiving of reports on Status of Eclecticism in the several States. They generally exhibited an increasing interest in the eclectic school, and a general disposition to resist the encroachments attempted in the way of partisan legislation.

The constitutional amendments were also considered and adopted. They were five in number. The changes are substantially as follows:

1. The credentials of delegates from State and local societies must state the fact of holding a degree or the number of years the delegate has been in practice. The National Association requires fifteen years when the individual does not hold a degree.

2. A retired list was provided for. Dr. Van Cise, of Iowa, was placed on this list.

3. Members of the National Association must keep up membership in an auxiliary society.

4. If the Secretary is not certain of a member's address he may withhold from sending a volume of Transactions.

5. The commending of proprietary medicines shall expose a member to discipline.

The case of the two medical colleges of Iowa was referred to the standing committee on colleges.

The contentions between the college factions did much to embitter the proceedings.

Section A, relating to Public Hygiene, Mental and Nervous Diseases, was held. Dr. Wm. M. Durham acted as chairman and Dr. H. B. Piper as secretary. A large number of papers were read by title and referred to the committee on publication.

Two cases were related by Dr. A. J. Howe, Professor of Surgery

in the Eclectic Medical Institute of Cincinnati. The cases were of puerperal mania. The doctor spoke at considerable length upon insanity in general. Drs. Russell and Jay, of Chicago, and Yelvington, of New York, spoke on the same subject.

The committee on credentials reported numerous names of candidates who were duly elected to membership. Protests were made in regard to delegates from Iowa, and many recriminations made, but finally all of them of every faction were admitted. The name of one, however, was sent to the Committee on Grievances before it could be got on with.

The second day was really the great day of the session. Dr. Munn reported the constitution and by-laws of the Eclectic Mutual Aid Society, to be constituted of eclectic physicians and carried on under the auspices but not subject to the authority of, the Association.

Dr. Howe called attention to the fact that the volumes of Transactions were outgrowing the financial ability of the Association. He offered a resolution fixing the standard length of articles at fifteen pages, small pica; the additional matter, if any, to be paid for by the writer. Adopted.

Dr. L. E. Russell, chairman of the Committee on Medical Colleges, then offered the following report:

Whereas, The Fourteenth Annual Meeting of the National Association adopted a resolution as follows: *Resolved*, That the King Medical College, of Iowa, and the Medical Department of Drake University remain on probation for the coming year, to the end that if a favorable record shall have been produced of either at the meeting of the National Association in 1885, it shall be recognized as in good standing with other colleges of the eclectic school of practice; and

Whereas, The two above named colleges by respective representatives did appear before your Committee on Colleges, each against the other, and offered sufficient evidence to your committee to convince us that neither college has made a sufficient showing to entitle it to recognition; therefore be it

Resolved, That this Association does not at this time give recognition to either college.

L. E. RUSSELL, M. D., Chairman,
N. R. MARTIN, M. D.,
J. M. MULHOLLAND, M. D.,
L. T. BEAM, M. D.,
J. G. BEMIS, M. D.

After the reading of the report a very heated discussion took place in reference to its bearings and adoption, participated in by the following gentlemen: Professor Shoemaker, of King's Medical College, Iowa; S. B. Munn, M. D., of Connecticut; Prof. Conway, of Iowa; Henry Wohlgemuth, M. D., of Illinois; Professor Howe, of Cincinnati, Ohio; Professor Read, of Drake University of Iowa; and others.

The last amendment made to the by-laws was reconsidered, worded over and adopted.

Section B, in the "Order of Business," was then called for. In the absence of Albert Merrill, M. D., chairman of this section, secretary Wilson H. Davis took the chair and J. C. Butcher, of Ohio, was appointed secretary. This section consisted of "Practice of Medicine," "Materia Medica," and "Medical Chemistry."

The following papers were presented, some of which were read in full, and some referred by title:

"Address in Medicine," Wilson H. Davis, M. D., of Chicago; "Practical Therapeutics," by the same author; "Some Phases of Indigestion Producing Phenomena Simulating the Symptoms of Gravel Diseases," L. T. Beam, M. D., Johnstown, Pa.; "How to Make Our Profession Successful," S. S. Judd, M. D., Janesville, Wis.; "Diseases Peculiar to the Southern States," R. M. Auten, M. D., Ala.; "Rest as a Therapeutic Agent," George Covert, M. D.; "Yellow Fever," Professor I. J. M. Goss, Atlanta, Ga.; "A Report of the Recent Epidemic in Plymouth, Pa.," D. E. Evans, M. D., Plymouth, Pa.; "Acute Parenchymatous Nephritis," William A. Perrins, M. D., Boston; "A Monograph on the Curability of Consumption," Anna E. Park, M. D., New York City; "Asthma," Mason M. Miles, M. D., Ill.; "Infantile Cutaneous Diseases," Eva J. Bennett, M. D., Mich.; "Pneumonia," J. P. Coles, M. D., Camden, Me.; "Cholera; Its Pathology and Treatment," J. H. Jordan, M. D., Chicago; "Micro-Parasitic Pathology," G. H. Merkel, M. D., Boston; "Infant Mortality," W. B. Graham, M. D., Ohio; "Improvements in Medical Journals," Dr. Charles Band, Neb.; "Old School Methods in New School Practice," S. B. Munn, M. D., Conn.;

"Specific Remedies in Dropsical Effusions," D. P. Simmons, M. D., Kan.; "Medical Practice of the Future, Its Aim and Methods," Dr. C. F. A. Lindorme, Fla.; "Cascara Sagrada," J. W. Pruitt, M. D., Ark.; "Hamamelis Virginica," A. W. Bixby, M. D., Cal.

At the afternoon session Dr. Borland announced the death of Dr. Alexander Thompson, of Meadville, Pennsylvania.

Dr. W. Hargreaves read a paper on the University of Philadelphia. This was the "Paine School," and the charter appears to be still valid. The Pennsylvania Association is concerting measures for establishing a new college at Philadelphia. The present medical law makes this necessary.

Section C, the obstetric section was now held; Dr. Milton Jay, chairman, and Dr. Bennett, of Iowa, secretary. A goodly number of papers were presented. One by Dr. C. E. Miles, of Boston, on "Tumors of the Female Urethra," was read by Dr. Howe and elicited much interest.

Dr. McFatricks, of Chicago, exhibited a fetus which he had removed from the body of a woman where it had remained thirteen years. Papers were read as follows:

"Puerperal Septicemia," Mrs. Joyce F. Hobson, M. D., Ind.; "Nævus Maternus," T. H. Jones, M. D., Mo.; "Instrumental Interference in Obstetrics," W. Underwood, M. D., Del.; "Placenta Prævia," Henry Povall, M. D., N. Y.; "Pathology and Treatment of Hysteria," H. Wohlgemuth, M. D., Chicago; "Chronic Metritis," J. W. Pruitt, Ark.; "Is Suffering Necessary in the First Stage of Labor," J. A. Reid, Iowa; "Pathology and Therapeutics of Puerperal Fever," E. B. Guild, M. D., Neb.; "A Monograph on Diet During Pregnancy," Anna B. Park, M. D., N. Y.

The President laid before the Association the following memorial:

ALTOONA, PA., June 17, 1885.

To the Officers and Members of the National Eclectic Medical Association:

Some two years ago Dr. James M. Hole, of Salem, Ohio, was expelled from your body for alleged unprofessional conduct. Dr. Hole has always felt aggrieved and desires that his case be reconsidered; in which desire your petitioners join. We therefore

ask that the matter be referred to the Committee on Grievances to hear the evidence in his case, pro and con; and that the findings be submitted to this meeting.

J. W. STEWART, M. D.,

J. A. REID, M. D.

The matter was accordingly so referred. Dr. Durham was substituted for Dr. O'Neale.

The Committee made the following report, which was adopted without a dissenting vote:

ALTOONA, June 18, 1885.

Your Committee on Grievances in the case of J. M. Hole, M. D., would recommend that the Doctor be reinstated upon the payment of all accrued dues, and restored to all his rights and privileges in this Association as a member thereof.

(Signed)

S. B. MUNN,

J. C. BUTCHER,

L. T. BEAM,

W. M. DURHAM.

Attest: J. R. BORLAND, Secretary.

Dr. Hole accordingly paid dues for three years and became once more a member in good standing.

Section D, embracing the Department of Surgery, was next organized by Dr. L. E. Russell, as chairman; Dr. J. B. M'Farrick, acting as secretary.

Dr. Howe, of Ohio, read a paper entitled "Surgical Progress." This was a lengthy but an able article, and consumed considerable time. Other papers were read by title.

The section being dissolved, Dr. Wilder offered two resolutions commending Merrell's Digest of Materia Medica.

At the evening session, the Association, on motion of Dr. Wilder, reconsidered the resolution of Dr. Younkin, adopted last year, accepting the resignation of Dr. R. A. Gunn. The subject was then indefinitely postponed.

The Association considered and adopted the report creating the Eclectic Mutual Aid Society. After adjournment the new society was organized and 26 names given in. It goes into effect when 100 are secured. Initiation fee, \$5.00; dues, \$2.20 on the death of a member. The following are the officers: President, S. B. Munn, M. D.; Vice President, H. B. Piper, M. D.; Secretary, Alexander Wilder, M. D.; Treasurer, L. E. Russell, M. D.; Medical Examiner, Milton Jay, M. D.

The session of Friday opened by the reconsidering of the votes of Friday in regard to Dr. Gunn. Next the action in regard to Dr. Hole was also rescinded. The case was referred to the Committee on Credentials; but Dr. Hole, in disgust at the lawlessness of the proceeding and the insolent language of the debate, declined to press his claim. He stated that as there seemed to be a marked disposition on the part of some of the members to keep him out, therefore he declined to take any more part in the matter, and withdrew his application for readmittance.

Professor Howe then offered the following:

In view of the encroachments of "regulars" upon the peaceful rights of those physicians whom they have styled "irregulars," we publish our will and express our position and sentiments in the following evenly-tempered resolutions:

Resolved, That the members of the National Eclectic Medical Association are all opposed to partisan legislation having in view the regulation of medical practice.

Resolved, That we are in favor of "boards of health," organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

Resolved, That we encourage testing the constitutionality of laws already enacted in several states giving authority to organize health officials who discriminate against the professional interests of eclectic practitioners.

Dr. Wilder called attention to the action of the American Medical Association, calling for legislation to prohibit all persons from practicing medicine except such as are licensed by boards of examiners, the members of these boards to be named in all cases by old school societies. The Medical Society of Pennsylvania has already adopted the recommendation. It means the driving of all eclectics from practice. This is the issue to be met.

The resolutions were adopted by a rising vote; every member standing up.

Secretary Wilder then read the following telegram:

BOSTON, MASS., June 18, 1885.

Alexander Wilder, M. D.:—Tell the convention upon the beautiful mountains that medical despotism is defeated almost unanimously in our legislature. Grass upon Bunker Hill looks greener to-day because liberty still lives triumphant in Massachusetts.

(Signed) HORATIO G. NEWTON.

Dr. Davis called Section B to order, and Secretary Butcher

read a paper by Dr. D. E. Evans upon the epidemic at Plymouth, Penn.

In the discussion which ensued Dr. Munn offered the following suggestions: As to the cause of the epidemic in Plymouth, is it not possible that the physicians have not gone back far enough to find the real cause? May it not be the result of the long winter through which the people had recently passed, and may there not be an excess of uric acid in the blood? Would it not be well to test the blood?

The following officers were elected for the ensuing year: President, Henry B. Piper, M. D., Tyrone, Pa.; First Vice President, J. W. R. Williams, Opelika, Ala.; Second Vice President, George Covert, Clinton, Wis.; Third Vice President, Mrs. Elizabeth G. Smith, Bridgeport, Conn.; Secretary, Alexander Wilder, Newark, N. J.; Treasurer, James Anton, Lebanon, O.

The next session will take place at Atlanta, Georgia.

The session has been after all perhaps the most useful and profitable one ever held. The sections were well worked, and the practitioners, who form the bone and sinew of the organization, had full sweep. The feeling was one of enthusiasm and encouragement.

A TRIP TO THE UPPER SACRAMENTO.

BY H. T. WEBSTER, M. D.

Every picture has its bright side, and, *vice versa*, every one has its objectionable features. The enthusiast, whose marrow has been chilled by the wintry blasts of inclement seasons in the East, and who has languished under the heat of correspondingly hot summers, for years, imagines he has found a paradise in the evenly balanced seasons of the Pacific Coast. Here, roses bloom throughout the winter, and summer nights are cool and comforting, affording delicious and restful slumber, if one is not too much annoyed by the festive flea, the proper management of which gentleman may be reduced to a science.

But the old Californian is too well posted to expound too indiscriminately on the "glorious climate of California." This

State has a highly diversified climate, and there are some surprising peculiarities which laugh at the regulations of temperature imposed upon other regions by ranges of latitude. In some portions of California, an isothermal line, closely corresponding with that traversing the southern extremity of the Gulf States, passes the the entire length of the State; and the Sacramento valley affords an illustration of this kind. In the upper Sacramento valley, well up towards the 41st parallel of latitude, is found a climate almost tropical. In this region, within plain view of Mount Shasta, crowned with everlasting snow, semi-tropical fruits flourish and attain a generous size and delicious flavor. Figs, lemons and oranges will grow in this region, while the wealth of peaches, plums, nectarines, pears, etc., is astonishing, the trees literally breaking down under their loads of fruit, unless a portion of it be plucked before it becomes fully developed. Such are the facts, though this is comparatively an undeveloped region, only a few isolated orchards along the river bottom, yet demonstrating what the climate and surroundings may afford more generally, as time attends more extended horticultural pursuits.

But what of the climate here in July? No cool sea breezes rob the sun of its fervid glow. Pass inland from Oakland on the Central Pacific, and the tules of the Sacramento valley are scarcely left behind at Suisun, before you are reminded that it is not only warm, but hot, yes awfully—to use an Oscar expression, “awfully hot.” You raise the window for a breath of air, and it sweeps cheerfully into your face as the train whirls along, but it has the breath of an oven, and you recoil, preferring a place where a little coast atmosphere is still traveling with you. A temperature of 110 to 115 degrees is said to be not an uncommon record, and the air is not only hot, but dry as that of an arid desert. Everything about the landscape is brown, except where an occasional live oak or fruit tree comes in sight, and fruit trees are largely left behind at Davisville, where a long and dreary ride through parched grain stubble is begun. Glancing across these plains, which would appear endless were it not for misty mountains in the far distance, one seems to see a silvery sheet of glimmering water far away, reflecting the clouds and

mountain peaks in its depths. But it is the old story of the deceptive mirage. It is but the reflected rays of heat boiling over a barren waste, for, though these fields have recently yielded a harvest of wheat, they now lie shorn and barren, and will, until the coming winter's rain shall assist in clothing them with life.

Away up toward the northern extremity of the Sacramento valley lies Redding, near the banks of the Sacramento river. Not the muddy, malaria-infested Sacramento of the lower country, or, as the average inhabitant refers to everything south of his latitude, "down below," but a cool, mountain-fed stream of crystal water, fresh from such sources as Mount Shasta, which towers its snow-shrouded form majestically grand and provokingly cool, but clearly defined, something better than a hundred miles to the north. How refreshing it is for one in the scorching atmosphere of this valley, which has been aptly said by old Californians to be as hot as purgatory during summer, to look off towards this mountain and imagine a good old-fashioned snow storm in progress among its heights. And this need not be mere imagination. The hottest days in July may be attended by snow squalls on Shasta, and showers in the lesser altitudes, while all the comfort that is afforded the valley is the distant echoes of rolling thunder and a slightly appreciable cooling of the air.

Real estate agents and immigration societies tell glowing stories of the fertility of this soil, which seems to once have been cooked as thoroughly as a brick kiln, and with the exception of the river bottoms is as red as any brick. We predict a glorious harvest here some day for the specialist in nasal and pharyngeal difficulties; for more than half the year this dust must be taken in during inspiration. As to fertility, fruits do well on this red land, as also do wheat and other cereals as well as many vegetables. But one of the great productions is the gold, traces of which can be found in almost any section in this vicinity. The richest gold ledge ever discovered is within three miles of Redding. Connected with this notice an amusing incident of the ups and downs of life, and the toadyish propensities of men and the amount of starch that wealth will impart to the average mortal may be related. One of the principal owners of this mine, a

very plain old Dutchman, without previous particular influence, was invited to dine with a prominent legal light, an ex-judge I believe, soon after his sudden accession to fabulous wealth. The flimsy gauge of this obsequious sycophant, who never noticed him before his streak of luck, was made the subject of the following confidential remark to a group of listeners when "Yaw-coop" had been imbibing: "Tam him! Vat do I vant to dine mit him for? I can puy him und sell him!" It is hardly necessary to remark that the invitation was slighted.

Here in this frontier region may still be found some of the characters who panned out the yellow dust in the palmy days of '49. Many of these men made their fortunes and left, but others, who have handled more than one princely fortune, still humbly toil with pick and shovel to provide for their daily wants. The mining business is said to possess a sort of fascination for some men and they never quit it. Fortunes made go as easily as they come.

However, no such bonanzas now exist. At least they are not so easily found as once. One of these men, Mr. H., I found to be a congenial companion and a man of good mental culture and broad understanding. He remarked in the course of a conversation of several hours, that the old miners came there when one had to stand over the other with a cocked rifle as guard while a pan of dirt was being washed, for fear of Indian arrows. "But now," said he, "we have civilized those of them that would civilize and those that would not we have killed." The experiences of such men with Indians and grizzlies would provide the details for a very interesting volume.

The noble red man is still represented in this vicinity, but is not the factor of former years. Indeed, the shadow but remains in an occasional meek or decrepit "Digger" who holds the white man in veneration and is only too glad to live in peace with him. They are not unfrequent solicitors of medical aid, and probably possess more faith in the pills and potions of the "Medicine Man" than their Caucasian bretheren who are too completely skeptic born to put implicit faith in anything which they have not first analyzed. Lo the poor Indian! Born to the war-path and the chase he would have fought a sterner fight in legitimate

warfare, but syphilis and whisky were too subtle for his primitive civilization. They have well nigh conquered. Few will doubt the final issue.

Dr. S. S. Graham, the only eclectic practitioner in this immediate vicinity is a whole-souled genial man of the old-fashioned stripe, well adapted for practice in this region. Though past fifty he tears over the roads on the back of his pony with more than the "vim" of many a younger man. Besides being a successful practitioner he is a public spirited enterprising citizen, and kindly neighbor. One of the Doctor's favorite plans of recreation when worn down by work is to don his armour and plunge into the wilderness for a little fracas with the grizzly or cinnamon, though should a comely deer chance along he does not hesitate to bring it down. Among my treasures is the desiccated paw of a cinnamon bear slain by the Doctor's own hand, and a pair of antlers in "velvet."

OUR EDINBURGH LETTER.

EDINBURGH, SCOTLAND, June 28th, 1885.

FRIEND WEBSTER.—I am still in that "dear old land of Scotland far away," just as busy as I was in Oakland in my busiest time. About a week ago I received the CALIFORNIA MEDICAL JOURNALS that you sent me, and I was pleased to see a number of familiar names at the head of some very able articles, as well as all of the pleasant things that you are the greatest part of the time enjoying. You now and then have a little trouble. I thought all trouble connected with our active little institution in Oakland would cease when your humble servant had departed. You remember that our worthy Dean raised his sainted eyes towards our dissecting room, and said "now we will have peace that this man is going away." Since last December I have heard nothing from California, except through the JOURNALS I received the other day, and a letter from Dr. Webb. Therefore it is with great difficulty that I can refer to anything of interest connected with Oakland.

We have two medical colleges in Edinburgh, the University and the Royal College of Surgeons. The former is a very rigid in-

stitution, very precise in its time of attendance and rigid in its examinations. I think both schools require four years. The University gives up a great deal of time to botany, the physiology of plants, natural history, and is an excellent school of medicine. The Royal College dwells upon surgery and practical chemistry. I could not refrain from smiling when the other day a young gentleman came to me, pressing his head between his hands. I inquired what was the matter with his *lump*; he said, correcting me, that his head pained him very, very much, that he sat up last night until 1 A. M. studying the circulation of a frog. You see, Webster, that if the University would keep the students working away on human anatomy and other practical studies they would be wonderfully posted at the end of four years. Like Oakland and other great cities, Edinburgh has a medical society. It does not meet to gass, but to discuss the most important topics of the day. At times some drone endeavors to occupy the time of the society with nonsensical prattle, but the President bangs his desk and the prattler drops. (I will enclose you the doings of the last society.)

There appears to be a good fellowship existing between medical men in Edinburgh. For instance, one surgeon is to perform some major operation, as a rule there will be a number of other surgeons present to give him assistance and to bear part of his burden on their own shoulders. I have seen this occur in several instances. For a young man to work up, in Edinburgh, is a slow process. He may graduate in one of the most famous schools in Europe, study pathology in Germany, take honors in his examinations, he will return to Edinburgh with science and skill and he may become the third or fourth in the line of assistant surgeons to some surgeon of an infirmary. If he lives long enough to become first assistant or surgeon in any institution he must wait for those ahead of him to either leave town or to die. The above condition of affairs, however, has its advantages.

I have formed the acquaintance of a young Englishman. He reminds me very much of you in more than one way. He is a hard student and has taken honors in his examinations. He has become assistant demonstrator in the University. He would be tickled to death if he could get the blood corpuscle of a fish to

examine; in fact he would take hours in this innocent pastime. We sometimes take a walk outside the city. The country is very rough and this man is continually falling. One day he jumped into a shallow stream after a speckled trout, the bottom of the stream was soft and I think he would have sunk out of sight if I had not cast him up on the green grass. You ought to have seen him jump or try to jump across a stream; he reached the other side with his hands and I dragged him out. He enjoys the falls but his career will be meteoric if he is not more careful. His experience reminds me very much of our exploits in that mountain up the coast. The only thing that saved you was that red cap you wore. I could always find you in the deepest underbrush by that head gear.

We are now having beautiful days, neither too warm nor too cool. Outside of the four or five hours I use each day in the Infirmary and University, I employ my time among the crags at the verge of the city. This is a delightful place to study. You can ascend to almost any desired height, where you can see the entire city, the Frith of Forth, the island where the Frith opens into the sea. You can see the castle and palace Midlothian that Scott has written of, and many other interesting points. Or you can hide yourself away in a nook among the rocks and give your mind up to the esthetic contemplation of some anatomical study. I started out the other evening about nine P. M. to take a walk among the hills and at the same time with a pocket anatomy that I have exercised with throughout all of my travels. I refreshed my memory on the floor of the lateral ventricle. But alas, the evening was so beautiful that I paid little or no attention to my formidable adversary, the anatomy, but listened to the sweet notes of a bagpipe played by some Highlander between the Lion and the crags. There was other music besides the bagpipe. Buglers from the barracks near by were making the rocks resound with their bugle calls. Some lassie with her laddie was singing a Scottish ditty that was *muckle* sweet. Now, Webster, if you could see all of this, the golden sunset, the ships on the Frith, the towering castle, the mountain near by with hundreds of sheep feeding upon its side, you would fall down in a *fit* and you would have to be carried home on a stretcher. You are aware of

the fact that we have long days up here in Edinburgh. The sun rises about 3:30 A. M. and sets at 8:30, but there is twilight that lasts nearly all night. At 10:30 and 11 P. M. I can read a book without the assistance of gas light. They say that in the winter the days are very short, and one day it is dark all of the time. (Take it for what it is worth). Now, my friend, to continue this letter which will never be answered, at least I expect no answer, you are aware that my year of exile will be at an end in one month, but I shall lengthen my stay a few months longer. Will be in California in good time to deliver a full course of lectures. Am enjoying very good health and am moderately happy. Good bye.

Respectfully,

D. D. CROWLEY.

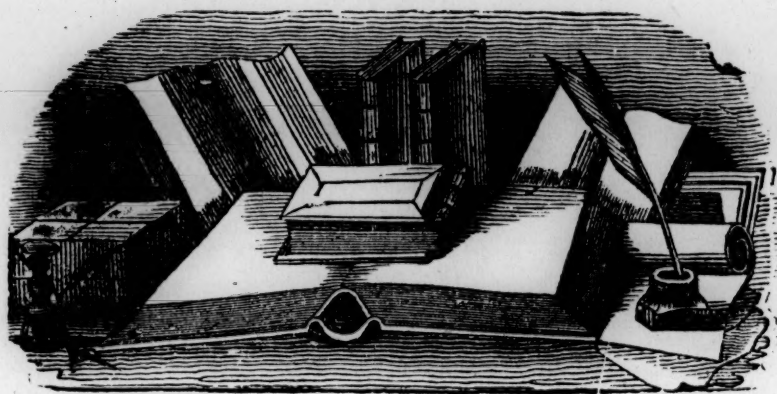
P. S.--The letter I inclose to you I wrote up among the crags this forenoon. Since then I took a walk to the western part of Edinburgh, where there is the most delightful part of the city. A canal passes through the city in that locality, and, I believe, runs to Glasgow. There is a feature about the country here that does not exist in our country as a rule. All of the fields are fenced in with high stone walls. If you wish to call at any of the houses so inclosed you must ring the bell at the outer gate. I walked to Portobello a week ago, and the country between Edinburgh and that town was fenced in all of the way. The churches are very active institutions. They have services four times per day on Sunday. Their bells are very musical. Distance lends music to the ear, so I never visit them.

It is very easy to talk with students and men of some education to make myself understood, but with the lower classes that have the brogue it is very difficult. The doctors here say that they could tell at a glance *that I was an American*. They say, too, that Americans have a foreign accent.

I have not yet heard how the college has been doing in Oakland. I would be pleased to hear from you, but, to tell the truth, I little expect it.

I am, respectfully,

D. D. CROWLEY.



EDITORIAL.

“The Industrious Thieving Eclectics.”—The American Association of Physio-Medical Physicians and Surgeons has not, it seems, been one of the happiest of families. There has been a faction in the body in favor of enterprise and progress, while another faction was in favor of Thompson, “kyan,” lobelia and steam, and *nothing else*—a sort of close-communion clique, which abhorred the ungodliness of progress. They have reformed and dare not attempt an onward move for fear of falling into unrighteousness.

At their last meeting in Indianapolis a thunder-clap fell upon the assembly in the shape of a wholesale batch of resignations, including the president, second vice president, chairman of board of censors, chairman on gynecology, chairman on obstetrics, two others of the board of censors, and five high privates. The reasons for these resignations were various but considerably alike after all. “The open advocacy of doctrines opposite of Physio-Medical, the Eclectico-Allopathic discussion engaged in,” “Allopathic philosophies of disease and treatment,” were some of the reasons given. Evidently the intention was to kill the institution with one fell blow. But “the best laid schemes of mice and men gang aft agley.” The meeting went harmoniously on, and the disgruntled dissenters may now form an association of their own, composed of the elect who are willing to think in one groove.

But what we started out to write was that during the session a communication was received from an absent member, in which, after offering congratulations and suggestions, the following paragraph concluded the letter.

“Finally, gentlemen, let me congratulate you as being the possessors of more medical knowledge than exists in all other bodies of men on the globe. It seems a little self-conceited to assert this, but it is the truth. Day by day the stupid, poisoning allopath, the brainless homeopath, and the industrious thieving eclectics are stealing our knowledge. We need to advance our lines on the enemy and capture them: we can do it.”

We have no objections to the compliment paid eclectics and if our allopathic or homeopathic friends have any to the attention given them they must make it known. We are said to be industrious, and so far as honesty in the obtaining of knowledge goes, if we cannot have it by fair means we will certainly steal it.

Go on my physio-pathic friend evolving medical wisdom. We will rejoice with you in every new discovery that is good, and and we will also be with you in enjoying its profits, for this is what we preach and practice.

Medical Legislation.—Circumstances alter cases. We have held up our hands for medical legislation on this Coast if it only serves the purpose of distinguishing the genuine from the false. At one time, immediately after the law establishing medical boards was passed, the Eclectic Board was in the hands of the most unsavory crew that could be imagined, and the majority were in favor of admitting every man who came along with a diploma, whether the holder were competent or his diploma represented anything or not. In one instance an applicant was passed who possessed an honorary diploma or something of the kind who had never seen the inside of a medical college and yet he proposed to begin practice among respectable eclectics and they were expected to bear the odium of his ignorance if any bad result should follow.

We are not in favor of class legislation, we are decidedly opposed to it, as an examination of our past record will show. We are in favor of liberty—let all the pretenders in creation practice medicine, if they can have a following, but do not saddle all the odium on eclecticism—let there be some means by which the abortionists, the cancer curers, the advertisers and other odious persons can be discriminated from eclectics. Homeopathy and

allopathy, in a certain measure, repudiate such persons, therefore they have been known, many of them, as eclectics too long. We are in favor of boards representing each school in every state, then let the boards be responsible for their progeny.

If, then, we must have disreputable practioners let them practice as they do in this State, without a license, and let their names be published in a list which shall fully show to the public their standing. Circumstances may so place it that the names of some deserving men may thus be stigmatized, but as a rule the best men will be found within the fold.

“Regular Quackery.”—Under this heading, Dr. S. T. Lowry descants upon some of “the ways that are dark and tricks that are vain,” in the regular practitioner, with a keenness that indicates his study is from life. We indorse all that is written, from a knowledge derived from personal observation, and commend the article, entire, to the notice of Dr. Cathell and the admirers of his work, “The Physician Himself.”

The subject is considered under two heads. 1, the display which he makes of his knowledge; and, 2, the treatment of his professional brethren.

Under the first head is considered the nauseating methods pursued to magnify every act before the public, which will, in any way, tend to advantage “big I.” “And not only does the regular quack doctor make this exaggerated display of his own knowledge, but he often does it to the unjust disparagement of those with whom he comes in contact. These doctors are peculiarly unfortunate in getting hold of bad cases—in fact, all their cases are very grave and require careful and skillful treatment.”

Public gatherings are made the occasion of ostentatious displays, in which the ever-present idea is forcibly impressed that urgent business will not allow him a moment to tarry. He comes around, shakes hands with the “boys,” airs himself before the public gaze, then enters his vehicle and dashes away as though the salvation of the world depended upon his haste.

The entire article is so true to nature that we have been tempted to reprint it, but, as it deals with facts with which we

are all more or less familiar, it will not be of any great profit. Fulsomeness of display is what is inculcated in the scripture laid down by the apostle of regularism, Dr. Cathell, and the regular physician is, in many instances, more prone to this than the unlettered quack. The manner of treatment of professional brethren by the regular quack is so characteristic of many of the ilk, that we reproduce it below. We have been there and studied all these phases, and, reader, so have you. It is to be hoped you have not practiced them.

“ This brings me to the second part of my subject, or the quack doctor's treatment of his professional brethren. In conversing with the general public, he is usually exceedingly communicative with reference to the relative merits and demerits of his various competitors. If there is anything dark or obscure in the life of any one of them, he is sure to bring it round, in an incidental way, not that he knows anything about it or believes a single word of the reports. He knows, too, all about their domestic relations, especially if there has been anything in them, not altogether felicitous; and he can tell you to a cent each one's financial ability, and whether he is able to meet all of his obligations. His fees are always less than ordinary, and he manages to find out and underbid any doctor who has practiced in the family before. If he meets his professional brethren in the social circle, his bearing has a frigid austerity about it that is painfully polite, but very forbidding, and professional topics are cautiously avoided. But when he meets him in professional emergency calls, he exhibits himself in his true light. I have occasionally been so unfortunate as to run upon such a one in a chance and hasty call, and on being ushered into the presence of the patient to find him there before me in full possession of the field, and the frigid indifference, the defiant sneer, the snarling expression more befitted the arena where wild beasts had met to contend for prey, than where educated physicians were gathered to administer to the sufferings of their fellow men. As he grasped the trembling hand of his feverish patient, he seemed to say, “ this is my bone, and withered be the paw of any daring cur who tries to take it from me.” I remember being called, once, in haste, to see a man who was reported to have received some severe bodily injury, and, although first called, and entitled to every courtesy, I found “ another Richmond in the field,” but thinking that, in such a case, I might be of some assistance and my services needed, I bravely ventured in. I found the poor victim stretched upon the floor of a saloon, with half a

dozen boon and boozy companions standing around him, while the doctor was exploring, with bloody hands, a large cut upon his head. I timidly ventured to bid him good afternoon, but was answered by a grunt and a scowl, while he went on with his bloody work. My presence was entirely ignored; not one word to put me at my ease, no request to assist, no assurance that my services were acceptable or needed, nothing but a dread suspense, worse than open insult, until I was forced to turn upon my heels and leave the room in silence and disgust.

It sometimes happens, through the caprice of human nature and the fault of the physician, that he is discharged and another employed to take his place. This offers a splendid field for the quack doctor to get in his work. If the case has now reached the crisis and begins immediately to recover, it is exactly what he expected, and it is due to his wonderful skill and knowledge in changing the treatment. But, if it persists and still remains rebellious, it is all because it was badly managed at the start. If he had only had charge of the case in the beginning, he is sure that he could have administered prompt relief, for has he not done so in several similar cases that he can call by name? If he is shown the medicine prescribed, he views it with a knowing look as if to say: "I see, I see, he has entirely mistaken the case," and, with a contemptuous sneer, he dashes the bottles or powders out at the window or behind the fire; but if called in consultation, he has a still finer field in which to display his tricks and artifice, and the attendants, friends and neighbors of the patient will all be made the dupes of his low chicanery. By a simple shrug, some knowing look, some artful word or cunning action, your judgment will be questioned, your professional talents assailed, your remedies and methods unfavorably commented upon, your conduct held up to ridicule, in fact, everything will be done to enlarge their esteem of him, and cause them to put implicit confidence in his professional skill. When the question of prescribing is discussed, you will always find him canvassing new remedies and new methods, which he knows are not as good as those you have already tried, but all intended to have its effect upon the patient and his friends. For a mere difference in taste or color will indicate a change in treatment, and a change implies to them something better and more suited to the case. And, when once called in consultation, it is surprising what a number of rights and privileges it bestows, and what interest in the welfare of the patient and the family it begets. If they are new acquaintances and desirable patrons, you will find him dropping in occasionally in your absence as he goes by, just in a social way, and then, if the patient is not feeling so well, he takes the liberty of changing the treatment, and, at your

next visit, you find your whole line of operation interrupted, or, perhaps, the case entirely wrested from your grasp.

While I have thus briefly outlined some of the characteristics of the quack doctor, I am glad to believe that such are the exception and not the rule in our honored profession. The great body of men that constitute its rank and file are as noble, conscientious and self-sacrificing a body of men as grace any calling on the face of the earth. The pages of history can furnish no galaxy of men who have been braver in the face of danger, who have endured suffering and privation with more fortitude, have responded more cheerfully to the calls of poverty and misfortune, or have done more to alleviate suffering humanity than the medical men of the world."—*Texas Courier Record of Medicine*.

Jaborandi in Rheumatism.—Some recent experience in the treatment of inflammatory rheumatism has called our attention to the value of jaborandi in the treatment of that malady. In one case in particular its action was prompt and unmistakable after a very convincing failure with reputable drugs.

The patient was about sixty years of age, a very robust man of full habit who had never been obliged to consult a physician previously. A severe cold was followed by the development of the disease, and it appeared in an aggravated form. The feet and ankles were distended, reddened, glistening and extremely painful. The left forearm, elbow, wrist and hand were in a similar condition, while there was such a state of hyperæsthesia that the patient suffered when an attendant walked across the floor.

The febrile condition was controlled in a measure by aconite and gelseminum, and the alcoholic vapor bath aided by a combination of macrotrys, colchicum and eucalyptus temporarily relieved the pain, but after several days treatment, during which faradism was applied to the painful parts (with good temporary results each time it is true), it seemed that the patient was no better than in the start. A combination of nitrate of soda in solution with veratrum viride added, was now tried in sufficient quantity to produce active diaphoresis, but at the end of the ninth day the patient was hardly better, to all appearances, than when treatment was begun. During the latter part of this time a pasty white coating on the tongue had led to the use of sulphite

of soda, and rhus tox was tried with hope that it might afford some benefit. During the early part of the attack some periodicity seemed manifest, and, after the sedative had been properly exhibited, antiperiodic doses of quinia sulph. were employed for three days.

At this period we begun to lose our faith in agents which had afforded valuable service in similar cases many times. At least we lost faith in them, so far as the treatment of this case was concerned. Salicylic acid was given a trial, but, finding the patient had passed a very restless night, the second day after beginning its use we decided to attempt to establish free diaphoresis (a condition that had not yet been present) with jaborandi.

One fluid drachm of the drug was given for the first dose, and, within a half an hour, the pain was completely gone, and the flushed condition of the countenance dispelled, while the skin was evidently cooler than it had been before or since the attack. A free perspiration soon followed with profuse ptyalism and disagreeable collections in the pharynx. The dose was evidently too large for it was soon followed by free vomiting, but smaller doses answered the purpose of relieving the pain and were kindly tolerated by the stomach. Within twenty-four hours after beginning the jaborandi the pain was under control, and twenty drops every four hours constituted the only treatment from that time, the patient convalescing speedily.

In this climate where the skin acts so tardily under the influence of remedies, where it is not hot enough to lead to free perspiration at any time without artificial aid, febrile and inflammatory attacks should be arrested by getting up an active diaphoresis as soon as possible. Of course in all cases it will not be safe to attempt this with jaborandi in full doses, for its action tends undoubtedly to debilitate in a certain measure the cardiac muscle, but in the majority of cases it may be judiciously administered to decided advantage.

Grindelia Robusta in Rhus Poisoning.—A this time of the year a large number of the people of California are in the mountains camping. An assurance of a long dry spell and even

weather warrant many who are in need of rest or who court a holiday for pleasure alone in taking tent, blankets, etc., and going to the woods. Now there is one very serious drawback to such an arrangement, one circumstance which mars the pleasure of a great many—*rhus* poisoning. The *rhus* seems to be more virulent here than in the east and it is almost as omnipresent as daylight. What will relieve the dreadful itching and burning resulting from contact with it in many cases? We have nothing better to offer than the remedy we have several times before recommended:

R Fl. Ext. *grindelia rob.*, - - - - - 3 iss.

Aqua pura, - - - - - $\frac{3}{4}$ viii.

M. Sig. Bathe the affected parts every hour until better, then as often as seems required.

Surgical Progress.—Therapeutics are developing new aids in the management of disease every year, while the use of older agents is steadily assuming more of a refinement, but surgery is making fully as rapid strides toward success. While there is much uncertainty even about the most carefully studied system of therapeutics, surgery is a branch that can almost be reduced to a science, so positive are its results.

The two articles on surgery among our selections, one by A. J. Howe, M. D., and the other by Wm. A. Byrd, M. D., contain valuable ideas and tend to bring the reader up to the most recent advancement in the art. We have considered them worthy of preservation and therefore reprint them and commend them to the notice of our readers.

***Rhus Aromatica* in Uterine Hemorrhage.**—We have been employing this agent in uterine hemorrhages of a passive character, where the discharge seemed to depend upon a relaxed state of the vessels of the endometrium, with very satisfactory success within the last year.

The patients in which it seems best adapted are those of flaccid tissues with tendency to anæmia. In such cases whether the patient be a woman about the menopause or a girl or of any intermediate age where there is not a threatened miscarriage or a

uterine tumor, or where the endometrium has not been wounded or is not in a condition of extravascular growth—in short where there is simple relaxation of the part, the *rh. aromatica* has afforded prompt and permanent relief.

In some cases we have combined the remedy with *macrotys*, *pulsatilla*, *caulophyllum* or *helonias* as circumstances seemed to demand. In other cases we have prescribed it alone.

The dose of the fl. ext. may vary from ten to twenty drops three or four times daily.

The Quacks Have the Best of Us Yet.—Our “Medical Boards” were created ostensibly to prevent quacks from practicing medicine. The law here in California has come far short of legally preventing anyone from following the profession, and about all that can be said of it is that it makes the man who possesses the license a little more respectable than the one who does not. The quacks understand this and wishing to have all the testimonials possible to make them appear respectable in the community before they resort to any unprofessional methods, slip around and get their licenses. Once they possess the document and they are not in much danger of having it revoked, as it is expensive to the Board, (as the recent case of Dr. McNulty versus the Homeopathic Board attests). As our law amounts to this, that in some cases we can hold the odium of illegal practice over a few while the most of them who amount to much have licenses; and the most that can be said of it is that it is a badge of respectability. Now this much could be attained through our medical societies with less trouble and liability. The people are in favor of quacks, the newspapers are in favor of the quacks, and the lawyers and judges are in favor of quacks, and what can we do?
C.

Why the Londoner Prefers Young Girls.—In the recent scandal exposition by the *Pall Mall Gazette*, a remarkable fact regarding the proclivities or propensities of the average aristocratic *he* Englishman has been developed, viz.: his preference for *very* young girls. Most people undoubtedly will attribute this to some morbid craving for something rare and unspoiled,

but the scrutinizing medical man with his varied experience as an advisor, and his anatomical knowledge must attribute it to something else. It is a known fact among "the boys," and well attested by medical men, that men who have such great preference for young girls always have imperfectly developed sexual organs. They, being just the same as little boys, must have little girls with whom to copulate. This is undoubtedly the case with the Londoner, and were it more generally known, his acts would be judged more charitably. C.

MISCELLANEOUS PARAGRAPHS.

We are indebted to Alexander Wilder, M. D., for the report of the National which appears in this month's JOURNAL.

A census-taker, after noting the names of the members of a certain family, with ages, sex, etc., upon rising to go was enjoined to wait a moment as there was perhaps still another. Thereupon a woman went into another room and immediately returned, saying, "Yes, there is another. It is a girl."

A recent case of insanity in Oakland shows to what the mind-cure tends when it once gets a good hold of susceptible patients. In this case there had been no symptoms of insanity prior to the influence of the mind treatment and it was developed suddenly soon afterward, the instructions received at the mind-cure establishment being the subject of the ravings. The patient has been consigned to the insane asylum at Napa.

KIDDER'S BATTERIES.—The committee in charge of the American Institute Fair, New York, have awarded the medal of superiority to the Jerome Kidder Manufacturing Company, 820 Broadway, New York, for their 1884 exhibit of electro-medical apparatuses. For twelve years the Jerome Kidder machines have received the highest awards from the American Institute over all competitors and wherever they have exhibited in competition.

Rogie Webster, a lad of about eight years of age, son of the editor, fell from a third-story window of the California Medical College to the ground, on the first day of July last. The distance is from fifty to sixty feet. His injuries consisted of fracture of the shafts of the femur and tibia of the right lower extremity and a flesh wound under the chin of not great importance. Considering the distance, his escape was almost miraculous.

Dr. Hutton reports in the *Peoria Medical Monthly* the removal of a silver dollar from the œsophagus of a man after it had been lodged there for about nine days. The coin was lodged opposite the œsophagal opening of the diaphragm, and was removed with a forceps ordered and obtained from Philadelphia after the patient applied for relief. Physician and patient were in Illinois.

The article "Galvanism in Stricture of the Lower Bowel," published in the July issue of the *JOURNAL*, was written hastily, and some details were overlooked. It should have been mentioned that the applications with the salt water injections were repeated every twenty-four hours for a month, then every forty-eight hours, the interval between applications being lengthened if any irritation was provoked. The article will be revised before publication in the "Transactions."

The *Peoria Medical Monthly* tells the following story: A young physician of that place was called to see a woman who was in considerable pain. The young disciple of Æsculapius examined the case superficially and proceeded to deal out some medicine. "Are you certain you know what is the trouble?" inquired an elderly woman present. "Certainly," was the reply, "I have a man with the same complaint up Kickapoo creek." In half an hour the woman gave birth to a bouncing boy. It is also chronicled that the man up Kickapoo creek recovered.

A writer from Texas in the *Medical World* asserts that he was called in consultation once upon a time to advise in the case of a patient who had cirrhosis of the liver. The attending physician had already administered forty grains of calomel. The writer states that he remained twenty-four hours, during which time he administered with his own hands two hundred grains of calomel and also bled and blistered the patient. "That man," he says, "is now my neighbor and as hale a man at sixty-two as there is in all Texas."

Boudet (*Progres Med.*) reports seventy cases of intestinal obstruction which were treated by electricity in this manner, with the excellent result of only seventeen failures. He prefers the constant current, which he applies in the following manner: A metal tube connected with the battery is inserted into a gum-elastic rectal tube which has a lateral opening near its end. The two tubes are passed into the gut as far as possible, and a quantity of salt water is then injected; this fluid forms a safe and efficient electrode, and prevents ulceration of the mucous membrane from direct contact with the pole. The other electrode is placed over the small of the back. A moderate current is employed, the *seance* lasting from five to twenty minutes.

Dr. Byrd calls attention to the subject of twisting instead of ligating large vessels after amputation, and signifies the belief that the method is equally effective with ligation. He believes the vessels should be twisted until the elasticity of their coats gives way. After this there need be no fear of hemorrhage following. "Take," he says, "a leather tube which is inelastic and try to force water through it and you will find that it will burst above the twist before the twist will give way. The artery, when rendered inelastic will obey the same law." He asserts that he has not ligated an artery of any size for five years.

We sent out a number of the July JOURNALS to addresses which had been sent to us as those of eclectics. One number was returned from Indiana with three very heavy downward stroke ink-marks through the first paragraph of the leading editorial. Evidently from the marking the marker was mad. The next day the following postal was received:

D——, IND., July 12, 1885.

H. T. WEBSTER, Ed. C. M. J.:

Dear Sir:—I return the copy of your JOURNAL just received. Permit me to say that as a homeopathist I have neither time nor occasion to read your JOURNAL. Resp'y, ———.

All of which proves that the world has not progressed so far that liberty of opinion can yet be tolerated. It demonstrates the fact that people's corns must still be nursed.

Dr. James Erwin Baker, of Lancaster, Pa., praises cocaine for its quieting effect in the peevishness of teething infants, and for its value in procuring sleep in such cases not only for the baby, but for its parents as well. He writes that he used the drug in the case of his own child, who was cutting his first teeth and was very restless and irritable. A four per cent. solution was rubbed on the mucous membrane firmly by means of absorbent cotton. "After two applications, two minutes apart, the child ceased screaming, went to sleep within five minutes, and slept for three hours uninterruptedly." During the following day two applications were made with the result of quieting the child almost instantly, and without inducing any bad effects. A whitening of the mucous membrane, caused by the capillary contraction, was also observed. Dr. Baker adds that the results obtained in this case suggest the employment of cocaine in the diarrhoea due to the reflex irritation from teething, and he proposes to try it at the earliest opportunity.—*Medical Record*.

THE DIAGNOSIS OF SUBMERSION DURING LIFE OR AFTER DEATH.—The Paris correspondent of the London *Lancet* (*Medical Record*) writes that, struck with the divergence of opinion

among authors as to the diagnosis of submersion having taken place during life or after death, Dr. Bougier made a new study of the subject. From experiments and autopsies at the morgue, he formulates the following conclusions:

1. The exterior aspect of the body is about the same in both cases, that is, when the body is submerged before or after death; the appearance of moss on the body would have diagnostic value.

2. Water and foreign bodies penetrate into the air passages and into the bronchial tubes of those submerged before, as well as those submerged after death; but in the latter the foreign bodies do not go beyond the fifth or sixth divisions of the bronchial tubes, and the liquid is arrested at the bronchi of medium size by the column of compressed air; whereas in the submerged during life, it penetrates down to the small bronchial tubes.

3. The epiglottis is vertical in the submerged; it is only half open in the corpses immersed.

4. Water penetrates in a pretty large quantity to the stomach of the former but not at all to that of the latter; and in making a comparative analysis of the liquid found in the bronchial tubes one might arrive at a certain diagnosis.

5. The same is the case with the middle ear.

6. The characteristic moss is found only in the submerged.

7. If the fluidity of the blood exists in certain cases of poisoning by opium, it is easy by the aid of the spectroscope, and by analysis, to form the diagnosis.

8. In putrefied corpses, all the signs have nearly disappeared, and the medical jurist can only draw conclusions by presumptions.—*Weekly Medical Review*.



SELECTIONS.

ADDRESS ON SURGERY.

In presenting the report on surgery I shall pay but a passing tribute to the literature of surgery and anatomy of the past year, but must call the attention of the Society to the superb plates and text of Dalton on the Topographical Anatomy of the Brain, Treves' work on Intestinal Obstruction, and the book of Hugh Owen Thomas, of Liverpool, upon Intestinal Disease and Obstruction, a work that I think should not only be read but carefully studied by every man practicing general medicine and surgery. Perhaps the majority of the profession would not agree with the author, but there are few indeed who would not learn much of value. The International Encyclopedia of Surgery has progressed slowly but very satisfactorily. Reeves on Deformity will be of real advantage to the general practitioner and prove of value to many orthopedic surgeons.

The little work of John B. Roberts on Surgical Delusions and Follies is worthy of careful reading.

Van Buren's Principles of Surgery has much to commend it. Pye Smith's Surgical Handicraft is also valuable. Then we have revised editions, not in name only, of Hamilton's Fractures and Dislocations, and Bryant and Erichsen's systematic works on surgery.

Taking up special subjects, the extirpation of the thyroid gland was being carried on to a considerable extent in Europe of late years, but Kocher published a paper upon the subject of thyrodectomy, in 1883, in which he brought forward the evil effects resultant upon the system. This paper caused many experiments to be made upon animals to settle the disputed points. Zesas was one of the most careful of the experimenters, and he found that thyrodectomy in animals was soon followed by a general morbid condition. Among the signs may be mentioned somnolency, unsteady gait, and other muscular and nervous difficulties, and from these experiments he holds that thyrodectomy is an unjustifiable operation since the regulation of the cerebral circula-

tion is one of the physical functions of the body. Be that as it may, I have only removed the thyroid gland once, three or four years ago, from a lovely child about four years of age; she did well for a few months and then dwindled and died. Whether this was from the effects resulting from the loss of the gland I am unable to state. The value of such a work as Dalton's Topographical Anatomy of the Brain is made apparent when we see Drs. Lee and Fenger, of Chicago, opening an abcess of that organ, and Mr. Rickman J. Goodlee, of London, upon the advice of Dr. Hughes Bennett, cut down upon a glioma the size of a walnut and remove it.

Operative procedures for the cure of epilepsy and insanity are becoming more common and I believe more successful. The failure, in some instances, in effecting a cure being, perhaps, due to not removing enough of the irritating bone, as suggested by Dr. W. T. Briggs, of Nashville. The hope for the future of surgery of the brain was never brighter.

Abdominal surgery is still advancing.

Dr. Wm. T. Bull, of New York, cuts down upon injured intestine from a pistol wound, resects the injured portions, unites the ends, and the patient makes a happy recovery. Dr. Andrews, of Chicago, happily having two cases, on neither of which he operated, of gunshot wound of the abdomen with injury of the intestine, in one case the stomach was empty and in the other it was full of beer, (this leaves us in the sad predicament of not knowing whether total abstinence is better or not if one is going to be shot in the abdomen.) Both cases were treated with perfect rest and with opiates, and both recovered. Dr. Joseph Grindon, of St. Louis, also reports a case of stab of the abdomen inflicting wounds upon the intestine, recovering after two inches of the intestine is resected, the ends of the bowel united and dropped in the abdomen. But these are enough cases of this sort to give a general insight into the progress being made in the treatment of wounds of the intestine.

Several cholecystotomies have been successfully made during the year, among them one by Dr. Chas. T. Parks, of Chicago, and one case of gall stones seen by Dr. R. G. Bogue of the same city, unoperated upon, the post-mortem revealed facts of interest

in showing that the method of exploring the gall bladder with an aspirator needle (as first practiced by Drs. Whittaker and Ransohoff), would have been futile as there were six gall stones the size of a filbert impacted in the common duct, and they would have remained undiscovered. In such cases exploratory incision is the only method that offers hope. In such a case, removal of the stones and stitching together of the edges of the wound would have been about the only thing that could have been done, yet I must believe that in any opening made in the gall bladder for stone, the edges should be stitched to the abdominal wound so as to permit a free external flow of the bile, to prevent a recurrence of their formation while the patient is treated for the relief of the catarrhal condition of the bile ducts so common in such cases. The practice of stitching the edges of the opening in the gall bladder together and returning to the abdomen may be done successfully as evidenced by a case operated upon not long since by Dr. A. C. Bernays, of St. Louis.

I must not forget the ingenious proposition of Dr. J. M. Gaston, of Atlanta, Georgia, to make a fistulous communication between the gall bladder and intestine, thus allowing the bile to flow into the intestine and perform its functions. Even if there is closure of the mouth of the common duct, the bile can flow around through the cystic duct and bladder into the intestine. But that the bile is not absolutely essential for life is proven by the case reported to the Mississippi Valley Medical Society last fall, in this city, by Dr. F. W. Beard, of Vincennes, Ind., of a patient of his that had survived for years with the bile flowing from a fistula he had formed with his scalpel.

All surgeons admit that amputation at the hip joint is one of the most formidable that they are called upon to perform. Not alone from the extensive surface laid bare and the shock, but from hemorrhage and the evils resulting from the means employed to control the hemorrhage. When the abdominal tourniquet is employed the intestine may be so bruised as to cause enteritis, perforation, peritonitis and death.

Davys' lever, even in his own hands, has so wounded the bowel as to cause death, while introduction of the entire hand into the rectum frequently causes laceration of the colon. To obviate

this, Lloyd, of Manchester, adopted the method of passing a stout india-rubber tube around the hip, allowing the ends to cross above Poupart's ligament. Under the point of crossing a compress was placed so as to bear on the artery above the ligament. The ends of the tube were then entrusted to assistants. This method was tried successfully by Dr. Wheaton, of St. Paul. The objection to it is that it is tiresome to the assistants, and brings more persons than are necessary around the operating table to be in the way of the operator. The latter objection applies equally to some of the methods mentioned above. To obviate these evil effects I have devised the method of applying a figure of eight of $\frac{3}{4}$ inch French elastic tubing around the affected hip and opposite side of the body. Where the tubing passes in front to go under the perineum of the affected side, it should come on the front side of the anterior process of the ilium, and go below the process when it crosses the body on the opposite side. Then to keep the transverse portion from rising and slacking over the lax tissues of the abdomen, tie a piece of bandage around the tube about the middle of the back and bring it forward over the perineum and tie down the front part of the tube. Then apply a three-inch, tightly rolled bandage, two inches thick over the course of the iliac artery where the rubber crosses, and with heavy thread or twine stitch it to the V formed by the rubber. Retract the portion of the elastic band behind the affected limb with a piece of bandage passed around it and tied to the back cross-rubber, drawing it tightly. This is done to prevent it slipping off when the limb is raised or amputated. I have tried this method twice within the last year, and know of nothing that could be more satisfactory.

In one case, September 29th, 1884, near Hannibal, Mo., I amputated at the hip joint for osteo-sarcoma of the femur. The patient was a large man and had had the femur amputated at the lower third for sarcoma of the knee over a year before. The disease had returned and was giving him great pain. As a last hope and for the relief of his suffering I amputated at the hip joint, controlling the hemorrhage as indicated above. Of course there was a good deal of blood in the limb. After the amputation there was not over six or eight ounces of blood upon the floor

and in the vessel that was used to catch it. The vessels were twisted and he was in bed in fifty minutes from the time he was taken from it to the table.

The other case was one where the man sustained a compound fracture of the femur from falling from the top of a moving railroad car to the bottom of a ravine, the distance being about thirty feet. This was April 4th, 1885. The shock was so great that he was not fit for amputation until the 8th, by which time there were symptoms of acute osteomyelitis. Amputation was performed as above, and he died the morning of the 12th, not from the amputation of the limb, but from phlegmonous inflammation in the other limb, which had been greatly bruised, causing septic trouble. The patient did well for two days after the amputation, and it seemed as though he would surely recover until the swelling commenced in the other limb. The vessels were twisted. I did not apply an Esmarch's bandage before making this amputation, as I did not wish to drive any of the decaying material in the limb into the circulation. There was a good deal of ichorous infiltration in spite of free drainage which had been established through the lower portion of the wound with rubber drainage tubes. The limb was elevated to allow the blood to flow back into the body before applying the tourniquet.

There was some blood escaped from the vessels of the amputated limb, but with that exception I do not think there was half an ounce of blood lost. By this method the hemorrhage is not only controlled from the femoral, but also from the gluteal and obturator arteries.

I have purposely mentioned that I twisted the vessels because I am firmly convinced that it is a much safer method of treatment than the ligature when applied to large vessels. I twisted these femora as they emerged from under Poupart's ligament, and would have been perfectly satisfied to have twisted the common iliac or aorta should any possibility have required it. If a ligature is applied to an atheromatous artery, the vessel will most likely give way, and there will be secondary hemorrhage. Vessels in such condition should be treated by some one of the methods of acupressure. How long should a vessel be twisted? Until the elasticity of its coats gives way. Take a leather tube,

which is inelastic, and bend it in a twist sharply upon itself once and try to force water through it, and you will find that it will burst above the twist before the twist will give way. The artery, when rendered inelastic, will obey the same invariable physical law. What instruments are necessary to perform torsion or twisting satisfactorily? One good solid-jawed pair of forceps that will not wobble during the pressure of the operation, such as the Golding Bird slide-catch forceps, or the Prince or Lawson Tait ring-handled pressure forceps. The objection to using two forceps is that the vessel is apt to be torn across to some extent near the jaw of the forceps that holds it crosswise. I have not ligated an artery of any size for nearly five years, and do not think I ever shall if my results continue as good as they have been in the past.

There is one operation where twisting is especially indicated, and that is castration. The whole cord should be caught up in the jaws of a stout pair of forceps and cut off nearly an inch from the same. By this means the hemorrhage is controlled, and the vessels will protrude from the cut end of the cord most satisfactorily, so that they may be picked up leisurely and twisted. In this instance the cross forceps do no harm, since the vessels are surrounded by a mass of tissue that prevents them tearing across at the corners. The cord is dropped and there is no fear of the agonizing pain, or even tetanus that sometimes follows the catching up of some filament of nerve in the grasp of the ligature. There will not be the long waiting for the ligatures to come away, sometimes having to be coaxed away with little elastic bands fastened to the limbs with sticking plaster.

Some years ago, not many, I read a translation from the German, by Dr. Nicholas Senn, where the surgeon (I have forgotten his name) recommended the opening of psoas abscess in the groin and passing a probe or sound along the sinus until above the ilium, and there making another opening down to the sound, thus shortening the passage-way of the pus and rendering recovery more rapid and certain.

Mr. Frederick Treves, of London, recommends and has practiced, cutting down directly upon the diseased vertebræ, but lim-

its the operation to diseased lumbar vertebræ. I think the operation can be readily and safely extended to caries of the dorsal vertebræ, resecting, if necessary, a portion of the rib or ribs near the vertebral column. From the time I read Dr. Senn's translation, I concluded the operation not only feasible but rational, and intended putting it in practice when proper cases presented,

April 10, 1885, a man, aged about thirty, presented at Blessing Hospital, Had Pott's disease involving the four lower dorsal vertebræ with a resulting psoas abscess pointing under Poupart's ligament, nearly ready to burst. He was put under the influence of an anæsthetic and the abscess opened at its most dependent point. A solid tin probe, the size of an American guage No. 15 catheter, was passed up the sinus until its point was under the edge of the twelfth rib. It was then cut down upon, a drainage tube attached to it, and the probe withdrawn, carrying with it the drainage tube, which was left in the sinus, a length of fifteen inches. The sinus was washed out twice a day with a strong solution of boracic acid. In four days after the operation he returned to his home at Mendon, Ill., and most of the time since he has been engaged at his business, keeping a peanut stand. His family physician, Dr. L. F. Brown, reports that, in his opinion, he improved so rapidly that within two weeks of the operation he removed the drainage tube, finding pieces of bone, sticking in its openings. Since the removal of the tube several pieces of bone, some half as large as the little finger nail, have escaped from the wound, principally the upper one. If the upper opening should close too soon, and he again presents for treatment, I shall enlarge the upper opening and take out a portion of the ninth and tenth ribs near the vertebræ so as to get perfectly at the diseased structures. I should have done so at first but hoped for sufficient drainage from the proximity of the upper opening to allow all the detritus to escape. If I do not cure him I will have the satisfaction of having prolonged his life with less suffering and given him his only chance for recovery.

Now, gentlemen, I have tried to give you a mere sketch of a few things in which I think surgery is progressing. Had I gone into greater detail you would have been so wearied with the reading as to regret greatly that you had put me on a committee to report upon surgery.—*Read before the Illinois State Medical Society by Wm. A. Byrd, M. D.*

SURGICAL PROGRESS.

Our normal nature yearns for peace, comfort, and happiness. It is pleasant to contemplate the conversion of spears into pruning hooks, and to engage in the cultivation of peaceful arts. The avocation of medical men is in harmony with the impulses of humanity and philanthropy. Our business is to conserve human life—what other class of citizens has this noble object solely in view? We may be ridiculed by the senseless, and vilified by fools, but the fact remains that we labor wholly to prolong life and mitigate suffering. By our works we crave to be judged, and not by hollow promises; and while we do so much good, we do not expect to bring about a moral millennium. We have reason to believe our labors do as much for the welfare of mankind as the works of those who promise more and preach continually. We recognize the fact that in evolutionary progress from bad to better, there is still within the average man something of the savage. The report of chivalrous deeds done in battle still move our breasts with enthusiasm. Victors on sharply contested fields of bloody strife are heroes; and the leader of the valiant is a demi god. There is too much of this kind of hero-worship, but it cannot be expunged at once. The race has had to fight its way from barbarism to an enlightened civilization; and in the prolonged struggle we have learned to admire the grand ideas which have contributed to progress from cycle to cycle. At present we are applauding gatling guns which slaughter at wholesale; we commend repeating rifles that kill at a thousand yards; we praise breech-loading cannon that do execution miles from their muzzles; we bestow laurels upon Krupp, the maker of steel ordnance; we associate with greatness the means which lead to it. The talents of the mechanic are crowned as is the genius of the poet and the statesman. A well executed purpose challenges admiration. It is in our nature to venerate the mind that brings a plan to successful issue—we do not like cross-purposes and imbecility. We are prone to look with wonder upon that which is gigantic, especially if size be coupled with efficiency. We could not look with indifference upon a tilt between “The Thunderer” and “Peter the Great,” for these

Leviathans represent combinations of magnitude, skill and energy. By the enginery of war a million of men die every year, to say nothing of the suffering entailed. By the surgeon's methods a million of lives are saved annually, to say nothing of averted pains and aches. What a contrast of results in the arts of war and peace !

The representaives of therapeutics have an opportunity to claim their meed of praise in this convention ; therefore I will leave their interests to themselves. By this I would not be understood as disclaiming rights in this department of medical science. The surgeon's methods are not always executed with cutting implements—the surgeon often achieves the greatest triumphs in the use of drugs. To surgical experiments belong discoveries in the use of anæsthetics and antiseptics. The latest appliances to epitheliomatous developments show that what were once malignant and “incurable” forms of disease are now manageable. The surgeon was the first to learn that enfeeblement depending upon glandular infiltrations is not to be bettered by *tonics*, but is to be dissipated with “alteratives.” Incipient phthisis is a disease of the lymphatic glands and ducts, and should not be assailed with iron and such astrigents as block this portion of the nutritive system. On the other hand cures are to be obtained by the use of such remedial agents as establish physiological atrophy in adenomatous states. Minute doses of arsenic, mercury, gold and phosphorous are needed to properly impress the lymph glands and channels. The surgeon's *materia medica* may be limited in range, but the restricted scope comes from the fact that its agencies are “specific” in expression, and pronounced in activity. A surgeon presses into use few agents “said to be good,” but employs such as are known to execute certain purposes. He is diagnostically and therapeutically discriminative, never firing at random with both eyes shut. The physician too often seeks an end by indirection—trying this, then that, in fear lest he do too much, and timidly waiting for a better state of things to turn up. The surgeon boldly assaults a disease and fearlessly awaits contingents. He is ever on the alert for emergencies, and is not disconcerted by an unexpected morbid manifestation.

The last few years have been notably progressive in surgical ways. Even the mysterious compartments of the skull and brain have been invaded in pursuit of tumors, coagula, and foreign bodies. In cerebral surgery slow progress has been made from the fact that it has been difficult to localize lesions and to estimate the dangers of varied complications. In December last, Drs. Bennett & Godlee diagnosed a tumor of the brain, and located the morbid mass near the fissure of Rolando, and proceeded to remove it by trephining the skull over the seat of the pathological growth. A glioma, the size of a walnut was encountered near the surface of the brain, and duly removed. Although the patient died on the 21st day after the operation, in a half dozen other cases of a similar character the result might reasonably be otherwise. The pressure produced by the growth of the tumor must soon have proved fatal. The patient died of septicæmia that might have been avoided. Persons shot in the head frequently recover, especially when thorough drainage is established.

In the event of cerebral abscesses it will hereafter be justifiable to open the cranium and evacuate the pus; and it will be imperative to trephine and remove missiles, even if their position be not known till the wounds of entrance be enlarged. Dr. Detmold, of New York, opened the skull thirty-five years ago, and evacuated pus from the lateral ventricles. Although the death-rate is high after operations involving the brain and its meninges, future experience may develop pronounced improvements.

It is not a serious or dangerous operation to open the walls of the chest to remove fluid from the pleural cavities, and even to evacuate pulmonary vomicae. Steps have been taken in the way of enlarging the field of thoracic surgery. In two instances I have opened a track between the ribs to purulent accumulations two inches in depth after entering lung tissue. The results in both cases were eminently satisfactory, the patients recovering from the traumatism and the pulmonary suppuration. It is always best to make free incisions in the direction of the pus cavities in order that free drainage may be established. The use of an aspirator is not to be recommended. Gun-shot wounds of the

chest are far from being universally fatal. If a rib be shattered, the splinters of bone should be removed ; and in the event of costal necrosis, the dead structures should be cut upon, and excised. Opening of the pleural cavities does so little harm that there need be no hesitation in performing the operation when a point is to be gained in so doing.

Laparotomy is the leading surgical topic of the day. Ovariologists and hysterectomists have opened the abdomen more than a thousand times apiece. Sir Spencer Wells, Thomas Keith, and Lawson Tait have each given a *resume* of their thousandth abdominal section. And dozens of operators in this country have executed laparotomy a hundred times. In fact, a woman with an ovarian tumor may have the morbid mass radically removed with about as little risk as she could give birth to a child. It has taken time to eliminate error and to substantiate what is essential to success. Indeed it is an interesting history to trace the ups and downs of ingenious methods for managing the pedicle. Several kinds of ligatures for ligating the pedicle have had their day, and passed away. The clamp was all the rage at one time, and now it is wholly abandoned. At one time antiseptic spray was thought to be important, yet now it is under a cloud. Celerity of operating was once a prominent feature, but the most successful operators now take as much time as they want—often keeping the abdomen open for hours. Once it was thought a fatal complication to have any of the contents get in contact with the peritoneum, but such an accident is not considered important if the septic fluid be sponged away. Adhesions, if complex, were considered grave conditions, yet at present the surgeon overcomes them, one by one, and regards little except the extent of the traumatism, and the septic danger of oozing blood from dissevered capillaries. The use of hæmostatic forceps has done away with a multiplicity of ligatures. The employment of clean sponges and hot antiseptics has mitigated shock and obviated septicæmia. Vomiting and dangerous bodily heat can generally be escaped by efficient drainage and careful nursing. The peril of peritonitis is to be considered, yet a fatal degree of the disease can generally be avoided. In the earlier history of ovario-

tomy little was thought of the surroundings of a patient about to undergo gastrotomy, but according to present views, the room occupied by the patient should be free from upholstery, carpets, and fomites of all kinds. An abundance of fresh air and an equable temperature are essential conditions in the surgical apartment. I believe that many non-essential matters have been incorporated in the rules and regulations of the operative departments, yet it is safer to be over-particular than to be careless and untidy. The environment of the victim of laparotomy should be favorable, for the risk is great under the best circumstances. It is a lamentable confession that a large per cent. of those who die from surgical operations might be saved by better surroundings; but there is consolation in the thought that no department of humanitarian science has made such rapid progress as that of surgery. In the zeal to push surgical measures to extremes, the removal of cancerous viscera has been attempted. Bilioth excised a carcinomatous pylorus, and the world applauded. His bold experiment was repeated with varying success; and while few substantial cures are reported, an advance was made all along the line. Lately we have been invited to contemplate the propriety of excising the carcinomatous womb. Hysterectomy for the abolition of uterine myomata has claims to be regarded as scientific and justifiable surgery,*but the incurable nature of cancer is such that not a large per cent. of radical cures through excision can be expected.

The surgical points involved in ordinary ovariectomy are applicable to Porro's operation, to oophorectomy, to hysterectomy and salpingotomy. In what is called hysterectomy, the neck of the uterus is not removed, but a ligature is thrown around the cervix and the remainder of the organ, with or without the ovaries, is excised. A ligature embraces the broad ligaments on each side, and another the uterine arteries, care being taken in the application of this ligature *that the ureter be not embraced in this enclosure*. The ends of the ligatures that embrace the cervix uteri should be carried through an aperture made in the peritoneo vaginal septum, and reach to the vulva. They serve to establish drainage and to facilitate escape from the peritoneal cavity after separation from the amputated uterine neck.

Porro's operation is simply hysterectomy with a full-grown foetus in the womb. It is thought to be less dangerous than the traumatism of the Caesarian section. In this operation, the ovaries are left, hence, the patient ovulates afterwards, yet is necessarily sterile.

Till lately it has been customary in gunshot wounds of the abdomen, to give opium, "and hope for the best," but a better plan has been substituted. Recently Dr. Wm. T. Bull, of New York, opened the abdomen, sewed several bullet wounds of the intestines, sponged to cleanliness the soiled peritoneal surfaces and then closed the incision in the belly; and what renders the case especially instructive, the patient recovered from the wounds. Hereafter we shall follow this illustrious example, and not be timid about opening the peritoneal cavity when there is a seeming call for it. Shy and sly practitioners of medicine will denounce the practice and make the most of a fatal case, yet the influence of such men is not as great as it was. Those eminently careful individuals, who do not know how to handle obstetric forceps, are the loudest in denunciation of the instruments! In fact, those who know little about operative gynæcology, are ready to ridicule what they have neither the skill nor the courage to rival. It would be strange indeed if there were not a few fussy men in the profession who, by unwarranted assumption and unseemly pretension, bring contempt upon meritorious gynæcology, yet is that a good and sufficient excuse for fair-minded men to satirize their betters or such as are honestly and earnestly engaged in a progressive branch of medical science?

Admitting that ambitious upstarts in gynæcological matters have invented vitreous pessaries, and had their names blown in the worthless implements, is that a candid reason why all pessaries are useless? It is easy to be wrong, and hard to be right, therefore let us lay aside prejudice and strive to be just.

Mr. Frederick Treves, surgeon to the London Hospital; and Mr. Howard Marsh, of St. Bartholomew's, have lately executed laparotomy for the relief and cure of peritonitis; and the procedure in both instances was successful. The operations were based on sound surgical principles, therefore favorable issues were not unexpected. The novel means ought to arouse the Rip Van

Winkles in obstetrics who, while resting on their laurels, imagine the famous aphorism, "meddlesome midwifery is bad," will divert inquisitive minds from observing their clam-like conservatism. It would startle the surgical world to have obstetricians step forward and advocate abdominal section as a remedy for puerperal peritonitis, yet the method is as rational as it is to cut for a bullet that has perforated an intestine. There is septic lymph and serum in the peritoneal cavity; and the rational way to get rid of the fermentative fluid is to open the abdomen and drain away the poisonous stuff. The peritoneal cavity needs cleansing of exuded lymph which, in a high temperature, has "changed" or "soured" (fermented); and there is no way to get rid of the zymotic poison but to drain it away and mop clean the contaminated surfaces.

A man was kicked in the abdomen, and retention of urine followed. I presumed the bladder had been ruptured, and that fatal peritonitis would follow, hence I opened the hypogastrium in the median line to sew up the vesical rent. Instead of a ruptured bladder, I found violent peritonitis in the region. I disengaged agglutinated folds of intestines, sponged the sticky surfaces with an antiseptic solution, emptied the pelvis of a pint of fermenting serum, and the patient recovered. The mistaken diagnosis led to an operation which saved the patient's life, hence I can easily see why laparotomy may yet prove the safest remedy for peritonitis. The aggressive progress surgery is now making will necessarily meet with some rebuffs, yet there is a spirit in its boldness which can not be pooh-poohed out of its purpose.

Lest I seemingly spend an undue amount of time over topics of an obscure nature, I will say something concerning minor operations in surgery. We have read of schemes for the radical cure of hernia, and have been interested in the safest and most reliable method of curing a common infirmity. All cutting operations are attended with more or less danger; and contrivances for plugging the inguinal canal are too often followed by failure. The best plan is that of Heaton, which consists of sending among the cellular and connective tissue of the inguinal canal, after the hernia has been reduced, a quantity—few drops—of a strong infusion of oak bark. The operation may be executed with a com-

mon hypodermic syringe, the needle depositing the astringent fluid as deep as the internal abdominal ring, and diffusing it well in the envelopes of the spermatic cord. It cannot prove amiss to remark that there presents the operative defect of depositing fluid where it is not wanted, and of leaving space untouched. To the alleged objections I will say that a few drops of an infusion of Quercus thrown beyond the internal ring is not likely to do much harm. The operator should be careful to deposit the fluid over a large part of the parietes of the inguinal canal, not fearing to wound or injure the spermatic cord. All cases are not fit for the operation, yet a large per cent. of indirect inguinal hernias may be cured by the means mentioned. The presence of the liquid bark provokes very little inflammation—the occlusion comes from exuded and coagulated lymph. I am not sure but an agent which excites more irritation would provoke the exudation of a firmer barrier. I propose to try Thuja in a few representative cases. A truss should be worn for a few weeks after the patient takes to his feet. Old men should not be subjected to the operation.

Since the publication of a simple method of overcoming strangulated hernia, the merest tyros in surgery have been enabled to overcome the constricting medium with safety and success. In femoral hernia only the skin is to be incised with a knife; the finger completes the operative procedure. In strangulated inguinal hernia, the integument is to be incised, and the silvery white aponeurosis of the external oblique; then the finger encounters no obstruction it can not readily overcome. However, it must be borne in mind that in the early stages of strangulated hernia, reduction through well-directed taxis, with the patient profoundly under an anæsthetic, can generally be effected. Not one case in ten needs a cutting operation.

Varicocele is remediable through excision of the contorted mass of veins and the removal of a large flap of scrotum. In rare instances there may be annoying hemorrhage, but the spermatic cord is so easily compressed where it crosses the pubic bone that any great loss of blood can be avoided. A thickened vein that persistently bleeds is to be ligated. A grip of the hæmostatic forceps arrests the flow of blood till the ligature can be applied.

In three or four days the ligature may be safely removed. An objection to ligatures is that tetanus has been reported as following ligation of the spermatic cord.

It must be borne in mind that the tunica vaginalis testis is to be opened at the bottom to permit drainage of that pocket. To omit this precaution might subject the patient to the perils of septicæmia.

I can not pass over a lesion of the male urethra which is giving much trouble to surgeons—I refer to indurated stricture, with or without perineal fistulæ. Instead of incising them with any kind of instruments I use a triangular pointed lithotomy staff, and force it to permeate the indurated and sinuous channel, the implement overcoming obstruction as it passes. In this operative procedure the penis is pulled upon with the left hand while the right pushes the staff. The patient lies flat on the back, and the course of the entering end of the implement is closely estimated in regard to position by the attitude of the broad handle. I have operated so many times in this way, and always with the same success, that I feel confident the method is exceedingly valuable. I have not made a false passage in a single instance. A catheter is not employed afterwards, and a bougie does no permanent good. The perineal fistulæ may be let alone. Sometimes a few drops of escaping urine constitute an annoyance, but this better be endured than a worse ill.

The cure of vesico vaginal fistulæ consists in an operation that can hardly be improved upon. However, the reproduction of a lost urethra, in connection with considerable waste of the base of the bladder, is a difficult operation to perform successfully. I have gained some valuable points in the operative procedure, yet others remain to be thought out and executed. Flaps raised on each side of the remnant and turned towards each other till their incised edges touch, may be joined and held in approximation till union occurs. The raw outside becomes cicatrized, and the inside has a mucous lining for the passage of acrid urine. This makes an excellent artificial urethra; but in some cases a vesical outlet near the pubis may be kept closed with a pledget of lint in the ostium vaginæ. The urine cannot be retained quite so long as formerly, yet with ease for three or four hours.

Fissure of the anus can be cured by the topical use of salicylic acid. The salt may be covered with vasaline as a vehicle.

Eczematous states are to be treated locally with tar water and mercuric bichloride. Hamamelis in the form of a distillate, is as useful as aqua picis, and more agreeable to the sense of smell.
—Read by A. J. Howe, M. D., before the National at Altoona.

**SWALLOWING OF ARTIFICIAL TEETH; NEW METHOD
FOR THEIR REMOVAL.**

The *Medical and Surgical Reporter* disseminates through its columns a novel procedure found reported in the *Deutsche Medicinal Zeitung*:

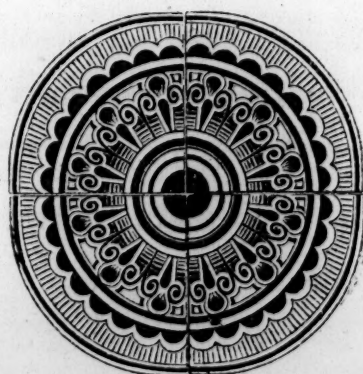
"A dentist by the euphonious name of Geisselbrecht, in Furth, was sent for one night by a servant girl, who, during sleep, had swallowed her artificial teeth. The set consisted of a rubber plate with four canines and two bicuspid, which plate was attached by the aid of gold clamps to the natural teeth. On examination, the neck of the girl was found to be swollen and painful to the touch in the region of the larynx. The examination of the pharynx gave no result; the set had disappeared; but with the use of esophageal sound it could be felt. But as the plate had already passed too deeply, there was no prospect of its being extracted, and G. pushed it with the sound into the stomach through the cardiac orifice.

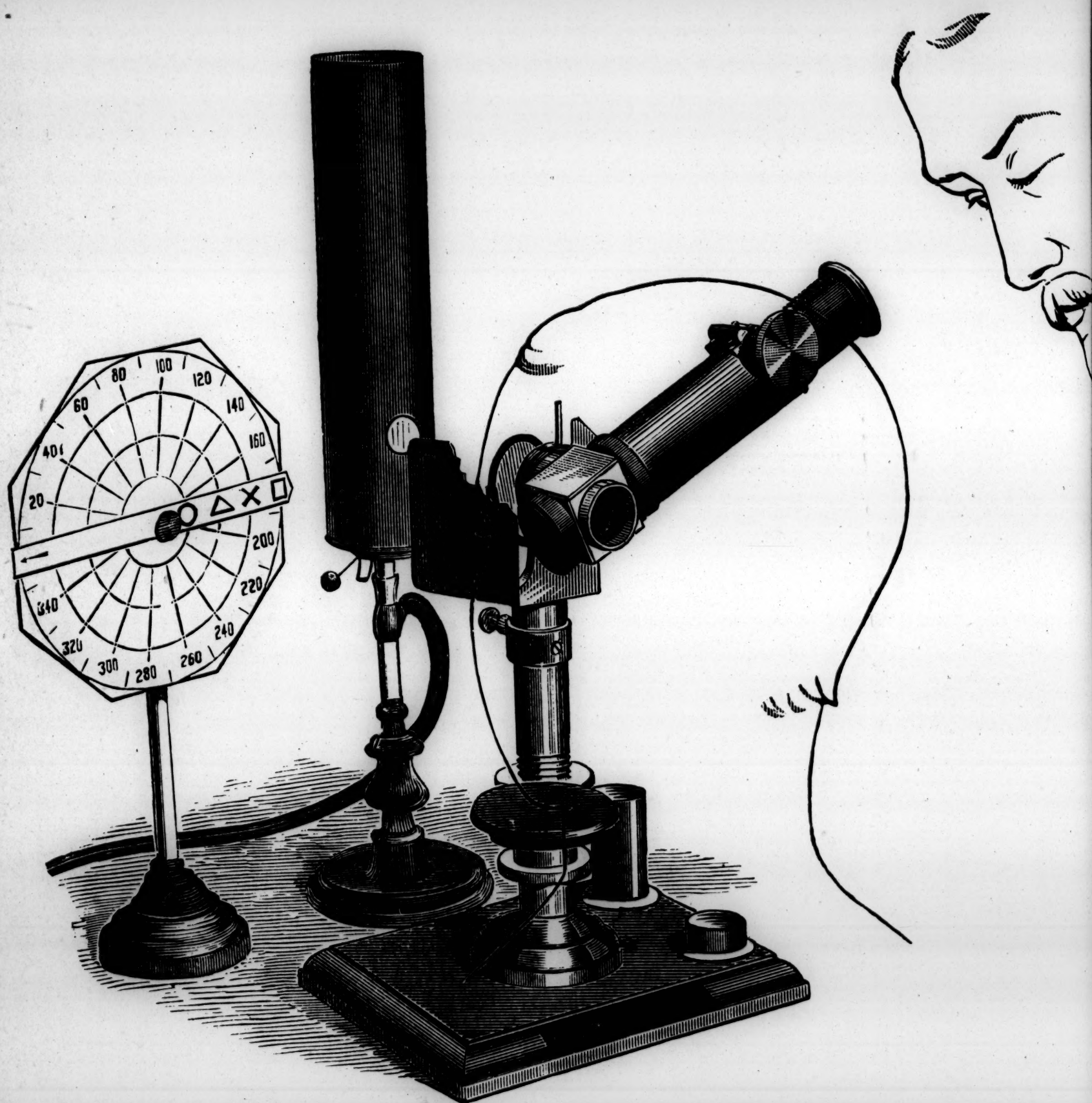
Now comes the interesting part of the procedure. That the plate might pass on through the intestinal canal without injuring the latter, G. induced the girl to swallow a lot of cotton thread (spool cotton), which was first cut into small pieces and incorporated in the white of an egg beaten to snow. The intention was to have the threads, steeped into the white of the egg, wrap themselves around the sharp points of the plate and thus prevent their injuring the intestines.

The result has been a brilliant one; four days later the girl brought the ominous plate, and the latter was found to be completely enveloped, overspun, as it were, by the cotton threads. The patient said that she had no pain, or any other inconvenience either, while the plate was resting in the bowels or during its passage out."

Apropos of the preceding paragraph we are reminded of a recent controversy between the *Texas Courier-Record* and the *New York Medical Record* regarding the priority of the publication of the advice to give no castor-oil, or other laxative, when a pin or needle has been swallowed. We certainly knew and practiced the treatment suggested—feeding with a diet formative of

large fecal masses, such as oatmeal, potatoes, milk and mush, etc.—long before the date of publication given by the *Courier-Record*. We do not remember where we learned it. Our invincible practice when small objects are swallowed is to stuff with the food indicated. Recently a boy, four and a half years old, swallowed a flat dress-weight of lead weighing six drams, one inch in diameter. This heavy object naturally gave reasonable cause for the apprehension that it might become lodged, say in the ileo-cecal region; it was passed, after the above dieting, on the third day impacted in a large fecal mass.—*Weekly Medical Review*.





BERTELLING'S OPHTHALMOSCOPE.